

IF WITH UNPAID ANNUAL FEE, AN IMPERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

| PLACE OF BIRTH | | ARIZONA STATE BOARD OF HEALTH | |
|--|--|--|---------------------------------|
| 1. County of <u>Hila</u> | BUREAU OF VITAL STATISTICS | | State Index No. <u>147</u> |
| District of _____ | ORIGINAL CERTIFICATE OF BIRTH | | County Registrar No. <u>876</u> |
| Town of <u>Miami</u> | | | Local Registrar No. _____ |
| or _____ | | | St. _____ Ward _____ |
| City of _____ | No. <u>M. & J. Hoop.</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number) | | |
| 2. Full name of child <u>Baby King</u> | If child is not yet named, make supplemental report, as directed. | | |
| 3. Sex of Child <u>Male</u> | To be answered ONLY in event of plural births. | 4. Twin, tripling or other <u>1st</u> | 6. Legitimate? <u>yes</u> |
| 7. Date of birth <u>Nov. 7-1924</u> | Month day year | | |
| 8. FATHER | | 14. MOTHER | |
| Full name <u>William N. King</u> | | Full maiden name <u>Buena Rae Norton</u> | |
| 9. Residence (Usual place of abode) <u>Miami</u> | | 15. Residence (Usual place of abode) <u>Miami</u> | |
| If nonresident, give place and state <u>Ariz</u> | | If nonresident, give place and state <u>Ariz</u> | |
| 16. Color or race <u>Cauc</u> | | 17. Age at last birthday <u>22</u> (Years) | |
| 11. Age at last birthday <u>23</u> (Years) | | 18. Birthplace (city or place) <u>Clareville</u> | |
| 12. Birthplace (city or place) <u>Allice</u> | | 19. Occupation | |
| (State or country) <u>Texas</u> | | Nature of industry <u>Housewife</u> | |
| 13. Occupation | | 20. Number of children of this mother | |
| Nature of industry <u>Accountant</u> | | (a) Born alive and now living _____ | |
| | | (b) Born alive but now dead _____ | |
| | | (c) Stillborn _____ | |
| | | 21. Were precautions taken against ophthalmia neonatorum? <u>yes</u> | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | |
| I hereby certify that I attended the birth of this child, who was <u>stillborn</u> at <u>1:30</u> p.m. on the date above stated. | | | |
| (Born alive or stillborn.) | | | |
| Signature <u>Cyril M. Brown M.D.</u> | | (Physician or midwife) | |
| Address <u>Miami, Ariz</u> | | | |
| Given name added from a supplemental report _____ | | Filed <u>Nov 30</u> 19 <u>24</u> | |
| Month, day, year. | | Filed <u>Dec 5</u> 19 <u>24</u> | |
| Registrar. | | Local Registrar. | |
| | | County Registrar. | |

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